

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003585

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

813

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
35 yrs2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTYc. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Marys InfirmaryInside Limits
Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

3711 Cass Ave.

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
Henry

Middle

Last
Carter4. DATE
OF
DEATH

Month

Day

Year

I

16

62

5. SEX
Male6. COLOR OR RACE
Col.7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5/7/089. AGE (last birthday)
53IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
General Refractories11. BIRTHPLACE (City and state or country)
Lake Providence, La12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

Angeline

?

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Ernest Conn

Address

506I Page, Blvd.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

493x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Renal failure secondary to hypertension

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2 January 62 to 15 January 62 and last saw him alive on 15 January 62

Death occurred at 7:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2715 Union Boulevard

22c. DATE SIGNED

1-17-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

I-20-62

23c. NAME OF CEMETERY OR CREMATORY

Good Samaritan Cemetery

23d. LOCATION (City, town, or county)

McGee, Ark.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wright Funeral Home 3100 Easton Ave.

25. DATE RECD. BY LOCAL REG.

JAN 18 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arthur L. Heilbard

Licensed Embalmer No. 4921

P. O. Address 3100 Easton Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.